

FEB. 10. 2005 2:45PM

7635146982 MEDTRONIC

NO. 4264 P. 3

## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE  
Commissioner for Patents  
P.O. Box 1450  
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(703) 746-4000

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INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

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27581 7590 12/22/2004

MEDTRONIC, INC.  
710 MEDTRONIC PARKWAY NE  
MS-LC340  
MINNEAPOLIS, MN 55432-5604

02/11/2005 SSITHIB2 00000015 132546 09945195

01 FC:1501 1400.00 DA  
02 FC:1504 300.00 DA

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I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (703) 746-4000, on the date indicated below.

MOLLY CHLEBECK	(Depositor's name)
Molly Chlebeck	(Signature)
February 10, 2005	(Date)

APPLICATION NO. 09/945,195	FILING DATE 08/31/2001	FIRST NAMED INVENTOR Catherine R. Condie	ATTORNEY DOCKET NO. P-9632.00	CONFIRMATION NO. 4493
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TITLE OF INVENTION: IMPLANTABLE MEDICAL DEVICE (IMD) SYSTEM CONFIGURABLE TO SUBJECT A PATIENT TO A STRESS TEST AND TO DETECT MYOCARDIAL ISCHEMIA WITHIN THE PATIENT

APPLN. TYPE nonprovisional	SMALL ENTITY NO	ISSUE FEE \$1400	PUBLICATION FEE \$300	TOTAL FEE(S) DUE \$1700	DATE DUE 03/22/2005
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EXAMINER IASTRZAB, JEFFREY R	ART UNIT 3762	CLASS-SUBCLASS 607-011000
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1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.☒ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,

(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1. PAUL H. MCDOWALL

2. GIRMA WOLDE-MICHAEL

3. \_\_\_\_\_

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

MEDTRONIC, INC.

(B) RESIDENCE: (CITY AND STATE OR COUNTRY)

MINNEAPOLIS, MN

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are enclosed:

- ☒ Issue Fee  
☒ Publication Fee (No small entity discount permitted)  
☐ Advance Order - # of Copies \_\_\_\_\_

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- ☐ A check in the amount of the fee(s) is enclosed.  
☐ Payment by credit card. Form PTO-2038 is attached.  
☒ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 13-2546 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above. NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

Authorized Signature

Date

26 Jan '05

Typed or printed name

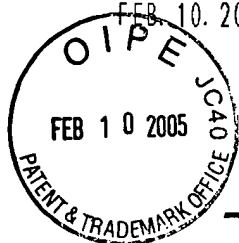
PAUL H. MCDOWALL

Registration No.

34,873

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**Medtronic**

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P-9632.00

**To:** Office of Publications  
**Company:** U.S. Patent and Trademark Office  
**Phone:**  
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**From:** Paul H. McDowall  
**Company:**  **Medtronic**  
**Phone:** 763 514 3351  
**Fax:** 763 514 6982

**Date:** February 7, 2005

**Pages including this  
cover page:** 4

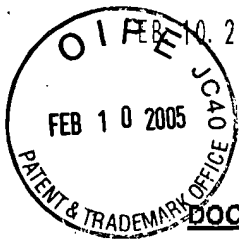
**Comments:** RE:  
Serial No. 09/945,195  
Applicants: Condie et al.  
Filed: August 31, 2001  
Title: IMPLANTABLE MEDICAL DEVICE (IMD) SYSTEM CONFIGURABLE TO  
SUBJECT A PATIENT TO A STRESS TEST AND TO DETECT  
MYOCARDIAL ISCHEMIA WITHIN THE PATIENT

Attached please find the following documents:

- X Issue Fee Transmittal
- X Part B-Fee(s) Transmittal
- X Fee Addressee For Receipt of PTO Notices Relating to Maintenance Fees

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FEB 10 2005 2:45PM

7635146982 MEDTRONIC

NO. 4264 P. 2

DOCKET NO: P-9632.00

**PATENT****IN THE UNITED STATES PATENT AND TRADEMARK OFFICE****FEE TRANSMITTAL**

In re Application of: Catherine R. Condie et al.  
For: IMPLANTABLE MEDICAL DEVICE (IMD) SYSTEM CONFIGURABLE TO  
SUBJECT A PATIENT TO A STRESS TEST AND TO DETECT MYOCARDIAL  
ISCHEMIA WITHIN THE PATIENT  
Serial No.: 09/945,195  
Filed: August 31, 2001

**CERTIFICATE OF MAILING UNDER 37 CFR 1.8:** I hereby certify that this FEE TRANSMITTAL and  
the paper(s), as described herein, are being sent via facsimile No. (703) 746-4000 to the Mail Stop  
Issue Fee, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on this 10<sup>th</sup>  
day of February, 2005.

Molly Chlebeck  
Signature

MOLLY CHLEBECK  
Printed Name

Mail Stop ISSUE FEE  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

We are transmitting herewith the attached:

- X Fee Transmittal
- X PTOL FORM 85B
- X Fee Addressee For Receipt Of PTO Notices Relating To Maintenance Fee

- X Please charge Deposit Account 13-2546 \$1,400.00 Issue Fee and \$300.00 publication fee for a  
Total of \$1,700.00.

- X Applicant believes that no extension of time is required. However, if an extension of time is  
required, please consider this a petition therefore to provide for the possibility that applicant has  
inadvertently overlooked the need for an extension of time and charge same to Deposit Account  
13-2546.

Date

10 Feb 05

Paul M. McDowall  
Paul M. McDowall  
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